

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90011 041 ****61.25

DOCUMENT # 728779

1. Entity Name

OPAL TOWERS WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062	Mailing Address 1150 N. HILLSBORO MILE HILLSBORO BEACH FL 33062-1708
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1507782	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KOSS, DONALD
1150 HILLSBORO MILE
#809
HILLSBORO BEACH FL 33062

7. Name and Address of New Registered Agent

Name **MARY JANE PENNY**
 Street Address (P.O. Box Number is Not Acceptable)
1150 HILLSBORO MILE
#707
 City **HILLSBORO BEACH FL** Zip Code **33062**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Mary Jane Penny **MARY JANE PENNY, PRESIDENT, 03-01-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE P <input checked="" type="checkbox"/> Delete	NAME KOSS, DONALD STREET ADDRESS 1150 HILLSBORO MILE, #809 CITY-ST-ZIP HILLSBORO BCH, FL 00000
TITLE VP <input checked="" type="checkbox"/> Delete	NAME RUDOMEN, AYLENE STREET ADDRESS 1150 HILLSBORO MILE #812 CITY-ST-ZIP HILLSBORO BEACH FL 33062
TITLE T <input type="checkbox"/> Delete	NAME MALMSTROM, SHIRLEY STREET ADDRESS 1150 HILLSBORO MILE CITY-ST-ZIP HILLSBORO BEACH FL
TITLE D <input type="checkbox"/> Delete	NAME SADUR, LOUISE STREET ADDRESS 1150 HILLSBORO MILE #614 CITY-ST-ZIP HILLSBORO BCH, FL 00000 33062
TITLE D <input type="checkbox"/> Delete	NAME PENNY, MARY JANE STREET ADDRESS 1150 HILLSBORO MILE #707 CITY-ST-ZIP HILLSBORO BEACH FL 33062
TITLE S <input checked="" type="checkbox"/> Delete	NAME SHERMAN, LILYAN STREET ADDRESS 1150 HILLSBORO MILE, #214 CITY-ST-ZIP HILLSBORO BCH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PENNY MARY JANE STREET ADDRESS 1150 HILLSBORO MILE, #707 CITY-ST-ZIP HILLSBORO BEACH, FL 33062
TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BRONHARD, ROSEANNA STREET ADDRESS 1150 HILLSBORO MILE #314 CITY-ST-ZIP HILLSBORO BEACH, FL 33062
TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TRIMBLE, SANDRA K. STREET ADDRESS 1150 HILLSBORO MILE, #206 CITY-ST-ZIP HILLSBORO BCH, FL 33062
TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GELL, JOHN STREET ADDRESS 1150 HILLSBORO MILE, #307 CITY-ST-ZIP HILLSBORO BCH, FL 33062
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME YARBROUGH, JOHN STREET ADDRESS 1150 HILLSBORO MILE, #710 CITY-ST-ZIP HILLSBORO BCH, FL 33062
TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SADUR LOUISE STREET ADDRESS 1150 HILLSBORO MILE, #614 CITY-ST-ZIP HILLSBORO BCH, FL 33062

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. Gell **Secretary** **3/1/00** **954-428-2681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)